



## APPLICATION FOR USE OF EXPERIMENTAL PESTICIDES ON AQUATIC SITES

**BEFORE YOU COMPLETE THIS APPLICATION, PLEASE REFER TO THE ATTACHED INSTRUCTIONS (\*Attach Supporting Information)**

APPLICANT NAME:	TELEPHONE: (    )	FAX NUMBER (    )
MAILING ADDRESS:	CITY, STATE, ZIP CODE:	E-MAIL ADDRESS:

PESTICIDE TRADENAME:	ACTIVE INGREDIENT(S) & PERCENTAGE:	EPA REG. NO.:	FEDERAL EUP NO.:
MANUFACTURER / REGISTRANT:	ARE RARE PLANTS, WILDLIFE HABITAT, SIGNIFICANT FISHERIES OR ANIMALS IN THE WATERBODY?: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOES THE WATERBODY HAVE INTAKES FOR DRINKING OR IRRIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOLERANCE (I.E. FISH / SHELLFISH): _____ (PPM) TOLERANCE EXEMPT (CHECK IF APPLICABLE): <input type="checkbox"/>	DOES THE WATERBODY HAVE OUTLETS, SUCH AS TO STREAMS, CANALS OR RIVERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	KOC:	
VAPOR PRESSURE:	WATER SOLUBILITY:	DEGRADATION DATA (E.G. AQUATIC METABOLISM HALF-LIFE IN DAYS IF AVAILABLE):	

### ACUTE TOXICOLOGICAL DATA

ORAL LD <sub>50</sub> (mg/kg) <sup>1</sup> : SPECIES:	DERMAL LD <sub>50</sub> (mg/kg) <sup>1</sup> : SPECIES:	INHALATION LC <sub>50</sub> (mg/l) <sup>1</sup> : SPECIES:
--	--	---

### ENVIRONMENTAL TOXICITY INFORMATION DATA FOR MOST SENSITIVE SPECIES

FISH LC <sub>50</sub> (mg/l) <sup>2</sup> : SPECIES: REFERENCE:	FISH NOEC (mg/l) <sup>2</sup> : SPECIES: REFERENCE:	INVERTEBRATE (mg/l) <sup>3</sup> : SPECIES: REFERENCE:	AQUATIC PLANT EC <sub>50</sub> (mg/l): SPECIES: REFERENCE:
---	---	--	--

SEAWATER CHALLENGE TEST COMPLETED:  Yes     No    IF YES, ATTACH RESULTS.

CROP / SITE:	TARGET PEST(S):	TYPE OF DATA SOUGHT (RESIDUE, EFFICACY, ETC.):
RATE OF APPLICATION (ACTIVE INGREDIENT/ACRE):	SIZE OF TREATMENT AREA:	METHOD OF APPLICATION: <input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> OTHER _____
BEGINNING TREATMENT DATE: _____ SUBSEQUENT TREATMENT DATE(S): _____	ENDING DATE OF EXPERIMENT:	RESTRICTED ENTRY INTERVAL:    PRE-HARVEST INTERVAL (I.E. FISH/SHELLFISH):

PROPERTY OWNER'S NAME, ADDRESS AND TELEPHONE NUMBER (INCLUDING AREA CODE):

NAME OF APPLICATOR OR OPERATOR AND TELEPHONE NUMBER (INCLUDING AREA CODE):

LOCATION AND DESCRIPTION OF TRIAL (INCLUDE COUNTY, SECTION, RANGE & TOWNSHIP - \*USE ATTACHED SHEET IF NECESSARY):

### ADDITIONAL DATA FOR SITES WITH FISH: (For endangered species information call (360) 902-1936):

ENDANGERED SPECIES PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICATION DURING SALMON OUTMIGRATION PERIOD <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:
--	---	-----------

SIGNATURE:	DATE:	OFFICIAL USE ONLY WSEUP NO. _____ EXPIRATION DATE _____
------------	-------	--

<sup>1</sup> Value (mg/kg or mg/l) or category, species (e.g. rat or rabbit) and time period (e.g. 24-hr)  
<sup>2</sup> Value (mg/l), species and time period (e.g. 96-hr). Rainbow trout (*Oncorhynchus mykiss*), coho salmon (*Oncorhynchus kisutch*), or bluegill sunfish are preferred.  
<sup>3</sup> Value (mg/l), species and time period (e.g. 48-hr LC50). *Daphnia magna* or *Daphnia pulex* are preferred.

# INSTRUCTION GUIDE FOR USE OF EXPERIMENTAL PESTICIDES ON AQUATIC SITES

This permit is required for all experimental projects involving the application of pesticides that are not registered in aquatic environments, or for all experiments involving uses not allowed by the pesticide label on more than one surface acre of water. All aquatic pesticides are classified as "restricted-use" in Washington State and therefore require a WSDA license and aquatic endorsement for application.

## CHECKLIST

- Signed permit application (AGR 630-4128).
- Safety Data Sheet and pesticide label or experimental use labeling.
- Confidential Statement of Formula is required for WSEUP's involving the application of an unregistered pesticide to a food or feed crop/site. Label portions of the submittal which in the applicant's opinion is a trade secret, confidential or financial information (RCW 15.58.065). Submit secret, confidential (or financial) information separate from other required information.
- EPA approved letter, label, and Section G (protocol) when a federal EUP is required (e.g. experimental application to be made to more than one surface acre of water).

## APPLICATION COMPONENTS / PROCESS

WSDA takes action on aquatic experimental use permits within 31 days. Submit the completed application with the required supporting documents to the WSDA at least 30 days prior to the first treatment date. Your permit application will be reviewed after all the information has been provided. Some applications may require additional information such as the location (map) of the experimental use, proposed mitigation measures, or information/data to address potential risk to human health or endangered species.

## NPDES PERMIT COVERAGE REQUIRED FROM WASHINGTON STATE DEPARTMENT OF ECOLOGY

Coverage under a National Pollutant Discharge Elimination System (NPDES) permit may be required whenever an experimental pesticide is going to be applied to an aquatic environment. For more information, contact Ecology at (360) 407-6600 or visit [www.ecy.wa.gov/contact.html](http://www.ecy.wa.gov/contact.html).

## LICENSING REQUIREMENTS

Uses of experimental pesticides are not exempt from other state/federal laws. Except as provided in RCW 17.21.203, a Demonstration and Research license is required to use or supervise the use of any experimental or restricted use pesticide when applied on small plots for research purposes.

## WSDA CONTACT INFORMATION

If you have questions, please call the designated agency contact below.

Steve L Foss  
Washington State Department of Agriculture, Registration & Licensing Services  
P.O. Box 42589  
1111 Washington St. SE  
Olympia, WA 98504-2589  
(360) 902-2049 - phone  
(360) 902-2093 - fax  
sfoss@agr.wa.gov